

Campaign Form "Receiving Torah, Receiving a Gift"

Name _____ Family _____

Father's Name _____ Mother's Name _____

Address _____

Country _____

Telephone _____

e-mail address _____

Full date of birth _____

School _____

We, the parents confirm that _____

Heard the Ten Commandments in the synagogue _____

Performed the mitzvah of: Honor Your Father and Mother (give details): _____

Helped another person (give details): _____

Honored a person older than him/her (give details) _____

Gave Charity to the needy.

Signature of one of the parents _____

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